

Video Observation Record

Center Name: Director Name: Address: Phone: E-mail:	Date: Videographers: Center Code: Time of Meal Begin _____ End _____
Name of Group: Teacher Code: Age range of children at the table in months (youngest to oldest):	Accredited: Yes ____ No ____ _____ Half day Program _____ Full day Program
	CACFP: Yes ____ No ____ Meal observed: _____ Breakfast _____ Lunch _____ Snack _____ Dinner
Type of Meal Service: _____ Pre-plated _____ Self-served _____ Cafeteria _____ Buffet _____ Lunch box _____ Partial lunch box Comment:	Draw the mealtime table configuration. <i>(i.e. tables and chairs, carts, microwaves; indicate where adults are sitting or standing using code CH(child) T (teacher), AT(assistant teacher), P(parent), C(cook), and O(other); indicate camera placement; mark an X on the drawing for the table you videotape;</i>
Food Served (include beverage):	
Describe how food arrives at the classroom. Describe how food arrives at the tables. Describe how bowls are replenished. How did the teacher replace contaminated utensils?	_____ # of tables _____ # of children at each table _____ # of adults in the room Adults present: _____ Cook _____ Teacher _____ Assistant Teacher _____ Parent _____ Other (explain)_____
Other: (Special or unusual events before, during, or after the meal; equipment failure or problems.)	
Data to delete: (Include camera counter # and a description of the image/sound to delete.)	

Sample Video Observation Record

<p>Center Name: <i>ABC Child Care Center</i> Director Name: <i>Patricia Romero</i> Address: <i>1520 Apple Lane Anywhere, ID 88888</i> Phone: <i>555-555-5555</i> E-mail: <i>pjones@int.net</i></p>	<p>Date: <i>3/6/03</i> Videographers: <i>Thomas P. & Maria S.</i> Center Code: <i>Idaho.2</i> Time of Meal Begin <u>11:00</u> End <u>11:48</u></p>
<p>Name of Group: <i>Preschool</i> Teacher Code: <i>Idaho.2.1</i> Age range of children at the table in months (youngest to oldest): <i>37 months to 53 months</i></p>	<p>Accredited: Yes <u>X</u> No _____ _____ Half day Program <u>X</u> Full day Program</p>
<p>Type of Meal Service: _____ Pre-plated <u>X</u> Self-served _____ Cafeteria _____ Buffet _____ Lunch box _____ Partial lunch box Comment:</p>	<p>CACFP: Yes <u>X</u> No _____ Meal observed: _____ Breakfast <u>X</u> Lunch _____ Snack _____ Dinner</p>
<p>Food Served (include beverage): <i>Chicken patty</i> <i>Broccoli</i> <i>Vanilla yogurt</i> <i>Orange slices</i> <i>Wheat roll</i> <i>Non-fat milk</i></p>	<p>Draw the mealtime table configuration. (i.e. tables and chairs, carts, microwaves; indicate where adults are sitting or standing using code CH-child, T-teacher, AT-assistant teach, P-parent, C-cook, and O-other; indicate camera placement; mark an X on the drawing for the table you videotape.)</p>
<p>Describe how food arrives at the classroom. <i>Cook brings food into room on a cart.</i></p> <p>Describe how food arrives at the tables. <i>Cook, with the assistance of three children, takes food from cart and sets on tables.</i></p> <p>Describe how bowls are replenished. <i>Teachers request food items needed and cook refills from extra bowls on cart.</i></p> <p>How does the teacher replace contaminated utensils? <i>Spare items are kept on cart and contaminated items are placed in dish bin.</i></p>	<p><u>3</u> # of tables <u>6,6,3</u> # of children at each table <u>4</u> # of adults in the room</p> <p>Adults present: <u>1</u> Cook <u>1</u> Teacher <u>2</u> Assistant Teacher _____ Parent _____ Other (explain) _____</p>
<p>Other: (Special or unusual events before, during, or after the meal; equipment failure or problems.) <i>Fire drill half hour before lunch, children talking about it during meal.</i></p>	
<p>Data to delete: (Include camera counter # and a description of the image/sound to delete.) <i>Unknown male child with brown hair, wearing a yellow shirt, walks across room – DELETE: camera #1 11:42:27 – 11:43:01 and camera #2 11:42:32 – 11:43:11</i></p>	